### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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#### DOCUMENT # F06000006766

Entity Name
 CLARITY USA INC.

Principal Place of Business

2 SHEPPARD AVE. E #800 TORONTO, ONTARIO M2N5Y7 CANAD, Mailing Address

2 SHEPPARD AVE. E #800 TORONTO, ONTARIO M2N5Y7 CANAD,

#### FILED Mar 05, 2007 08:00 AM Secretary of State



02202007

No Chg-P

CR2E034 (11/05)

4. FEI Number 98-0425696

Applied For Not Applicable

5. Certificate of Status Desired

**-**

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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8.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	am tamiliar with, and accept
	the obligations of registered agent.	

SIGNATURE.

Signature, broad or ported name of registered agent and tille if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 **9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TI <b>T</b> LE	PD
NAME	NASHMAN, MARK
STREET ADDRESS	2 SHEPPARD AVE. E #800
CITY-ST-ZIP	TORONTO,ONTARIO M2N5Y7 CANAD,
TITLE	\$
NAME	PIZZOLATO, FRANK
STREET ADDRESS	2 SHEPPARD AVE. E #800
CITY-ST-ZIP	TORONTO,ONTARIO M2N5Y7 CANAD,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE:

GNATULE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Feb 2007 (416)398-7305

Daylime Phone #